UTILITY

| Attorney Docket No.: S-99,917 | |
|--|--|
| First Inventor or Application Identifier: John Galbraith | |
| Title: VISION-BASED OBSTACLE AVOIDANCE | |

| PATENT APPLICATION | First Inventor or Application Identifier: John Galbraith | | | | |
|--|--|--|--|--|--|
| TRANSMITTAL | le: VISION-BASED OBSTACLE AVOIDANCE | | | | |
| | Express Mail Label No.: ER311841353US | | | | |
| APPLICATION ELEMENTS | Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | |
| 1. X * Fee Transmittal Form (e.g. PTO/SB/17) (submit an original and a duplicate for fee processing) | Alexandria, VA 22313-1450 6. □ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission | | | | |
| Applicant claims small entity status. See 37 CFR 1.27. | 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy | | | | |
| 3. ☑ Specification [Total Pages: 34] ☑ Descriptive title of the Invention ☑ Cross References to Related Applicati ☑ Statement Regarding Fed sponsored ☑ ☑ Reference to sequence listing, a table | b. Specification Sequence Listing on: i. | | | | |
| or a computer program listing appendi | | | | | |
| □ Background of the Invention | 8. Assignment Papers (cover sheet & documentation) | | | | |
| ☑ Brief Description of the Drawings (if file ☑ Detailed Description ☑ Claim(s) | 9. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney | | | | |
| | 10. ☐ Information Disclosure ☐ Copies of IDS | | | | |
| 4. ☑ Drawings(s) (35 U.S.C.113)[Total Sheets: 7] ☑ Formal ☐ Informal | Statement (IDS)/PTO-1449 Citations 11. Preliminary Amendment | | | | |
| 5. ☑ Declaration & Power of Attorney [Total Pages: 2] | 12. Return Receipt Postcard (MPEP 503) (should be specifically itemized) | | | | |
| a. Newly executed (original or copy) b. □ Copy from a prior application (37 c.F.R§.63(c.f.R | 13. Certified Copy of Priority Document(s) (if foreign priority is claimed) | | | | |
| c.☐ DELETION OF INVENTOR(S) | 14. Nonpublication Request and Certification Under 35 U.S.C. | | | | |
| Signed statement attached deleting inventor(s) named in the prior applicatio see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b | | | | | |
| | ate box, and supply the requisite information below and in a preliminary amendment: | | | | |
| ☐ Continuation ☐ Divisional ☐ Continuation | | | | | |
| Prior application information: Examiner: | Group/Art Unit: | | | | |
| For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | | |
| 16. CORRESPONDENCE ADDRESS | | | | | |
| Customer Number | OR Correspondence Address Below | | | | |
| 35068 | | | | | |
| | | | | | |
| Name: Mark N. Fitzgerald Address: Los Alamos National Laboratory | | | | | |
| LC/IP, MS A187 City: Los Alamos State: New Mexico Zip Code 87545 | | | | | |
| Country United States Telephone: (505) 665-5187 Fax: (505) 665-4424 | | | | | |
| Name (Print/Type) Mary N. Fitzgerald Registration No. (Attorney/Agent): 48,300 | | | | | |
| Signature: A Date: | | | | | |

FEE TRANSMITTAL For FY 2004

Patent fees are subject to annual revision (submit an original and a duplicate for fee processing)

| Complete if Known | | | |
|-----------------------|----------------|--|--|
| Application Number: | | | |
| Filing Date: | | | |
| First Named Inventor: | John Galbraith | | |
| Examiner Name: | | | |
| Group/Art Unit: | | | |
| Attorney Docket No : | 0.00.047 | | |

| 1. Me commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory Meditional Fee Required Under 37 C.F.R. 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27 FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Description Fee Paid \$770 \$385 Utility filing fee \$385 \$770 \$385 Reissue filing fee \$160 \$80 Provisional filing fee \$385 \$330 \$165 Notice of Appeal \$110 \$55 Petition to revive \$110 \$55 Petition to revive \$110 \$55 Terminal Disclaim | Fee Paid | | |
|---|--|--|--|
| indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27 FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Description Fee Paid \$770 \$385 Utility filing fee \$385 \$770 \$385 Reissue filing fee \$160 \$80 Provisional filing fee \$385 \$330 \$165 Filing a brief in s \$290 \$145 Request for oral \$110 \$55 Terminal Disclair | Fee Paid | | |
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| \$130 \$130 Petitions to the C | Commissioner | | |
| 2. EXTRA CLAIM FEES \$50 \$50 Petitions related | to provisional applications | | |
| Extra Fee from Fee Paid \$ 180 \$180 Submission of In | formation Disclosure Statement | | |
| Claims Below Total Claims 4 -20** = 0 X 0 = 0 \$770 \$385 Filing a submissi Independent 2 -3 ** = 0 X 0 = 0 (37 CFR 1.129 (a) | on after final rejection)) | | |
| Claims \$770 \$385 For each addition will be pendent = \$285 For each addition examined (37 CF) | nal invention to be R 1.129(b)) | | |
| ** or number previously paid, if greater; For Reissues, see below \$100 \$100 Certificate of Corr | ection | | |
| Fee Fee Fee Description or normal publication | r early, voluntary, tion | | |
| | inued Examination (RCE) | | |
| \$290 \$145 Multiple dependent claim, if not paid. \$86 \$43 ** Reissue independent claims Other fee (specify) | | | |
| over original patent ** Reissue claims in excess of 20 and over original patent SUBTOTAL (3 Reduced by Basic Filing Fee Paid | | | |
| SUBTOTAL (2) \$0 SUBTOTAL FF SUBTOTAL FF | \$0 | | |
| TOTAL AMOU | ROM 1 \$385 ROM 2 \$0 | | |

| SUBMIT/FED/BY Complete (if applicable) | | | e (if applicable) |
|--|----------------------|-----------|-------------------|
| Printed Name: | Mark W. Fitzgerald | Reg. No. | 48,300 |
| Signature: | MAW\\ Date: 10/17/03 | Telephone | (505)665-5187 |